



**COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL
AND CLIENT RELEASE OF INFORMATION**

FAX COVER SHEET

INSTRUCTIONS FOR COMPLETING THE MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION

- 1) Fax coversheet (two pages). Referring agency completes. The fax cover should *not* contain Health Information. Double check the fax number.
- 2) Authorization Form (two pages). Referring agency completes. Participant initials the agencies they will allow on pg. 1 of 2, and signs at bottom of pg. 2 of 2.

Date: _____ # of Pages Including Cover: _____ From: _____
 To: _____ Title: _____
 Program/Title: _____ Referring Agency: _____
 Purpose for Referral: _____ Phone: _____ Fax: _____
 Email: _____

Agencies Receiving Information / Fax Number

Check the box next to the agency to receive this fax. If the agency is not shown, please write in blank at bottom. It is your responsibility to verify the accuracy of the fax number. Faxing protected information to an incorrect number is a HIPAA breach. Receiving agency might also require client/participant to fill out their own release of information.

<input type="checkbox"/>	1. Aegis Treatment Center, LLC	(805) 461-5873	<input type="checkbox"/>	The LINK - Paso Robles	(805) 462-8901
<input type="checkbox"/>	2. Allan Hancock EOPS/CalWORKs	(805) 922-2606	<input type="checkbox"/>	14. Family Care Network, Inc.	(805) 503-6499
<input type="checkbox"/>	3. Comm. Action Partnership of SLO (CAPSLO)	(805) 549-8388	<input type="checkbox"/>	15. HASLO (Housing Authority of SLO)	(805) 543-4992
<input type="checkbox"/>	Child Care Resource Connection	(805) 541-0141	<input type="checkbox"/>	16. Homeless Services	
<input type="checkbox"/>	Family Preservation/ Parent Education	(805) 541-1264	<input type="checkbox"/>	40 Prado Homeless Services Center	(805) 543-4992
<input type="checkbox"/>	Head Start/Early Head Start	(805) 549-0864	<input type="checkbox"/>	5-Cities Homeless Coalition (5CHC)	(805) 668-2380
<input type="checkbox"/>	Teen Academic Parenting Program	(805) 541-1264	<input type="checkbox"/>	ECHO	(805) 460-9162
<input type="checkbox"/>	4. CenCal Health	(805) 681-3071	<input type="checkbox"/>	Salvation Army	No Fax
<input type="checkbox"/>	5. Center for Family Strengthening	(805) 462-8901	<input type="checkbox"/>	17. Hospital	
<input type="checkbox"/>	6. Community Health Centers (CHC)	(805) 931-2521	<input type="checkbox"/>	18. Job Centers	
<input type="checkbox"/>	7. County of SLO Health Agency		<input type="checkbox"/>	DSS - North County Job Center	(805) 237-3339
<input type="checkbox"/>	Drug & Alcohol Services (DAS)	(805) 781-1405	<input type="checkbox"/>	DSS - South County Job Center	(805) 474-2052
<input type="checkbox"/>	Mental Health (MH)	(805) 781-1177	<input type="checkbox"/>	SLOCal Careers Job Center (AJCC)	(805) 439-3937
<input type="checkbox"/>	Martha's Place	(805) 781-4962	<input type="checkbox"/>	SLOCal Careers Youth Program	(805) 439-3937
<input type="checkbox"/>	Public Health	(805) 781-5543	<input type="checkbox"/>	19. Lumina Alliance	(805) 781-6410
<input type="checkbox"/>	Public Guardian	(805) 781-5566	<input type="checkbox"/>	20. People's Self Help Housing (PSHH)	(805) 544-1901
<input type="checkbox"/>	8. County of SLO Probation		<input type="checkbox"/>	21. Pregnancy and Parenting Support SLO	(805) 541-4536
<input type="checkbox"/>	Adult	(805) 781-1231	<input type="checkbox"/>	22. Restorative Partners	No Fax
<input type="checkbox"/>	Juvenile	(805) 781-1230	<input type="checkbox"/>	23. School Districts	
<input type="checkbox"/>	9. Cuesta College Programs		<input type="checkbox"/>	Atascadero	(805) 462-4421
<input type="checkbox"/>	CalWORKs	(805) 546-3144	<input type="checkbox"/>	Lucia Mar	(805) 473-1587
<input type="checkbox"/>	Foster Kinship Care Education (FKCE)	(805) 592-9402	<input type="checkbox"/>	Paso Robles	(805) 237-3339
<input type="checkbox"/>	10. Department of Rehabilitation	(805) 542-4682	<input type="checkbox"/>	San Luis Coastal	(805) 543-6567
<input type="checkbox"/>	11. Department of Social Services		<input type="checkbox"/>	Templeton	(805) 434-1473
<input type="checkbox"/>	Adult Services	(805) 788-2834	<input type="checkbox"/>	SLO County Office of Ed. (SLOCOE)	(805) 541-1105
<input type="checkbox"/>	Child Welfare Services	(805) 781-1701	<input type="checkbox"/>	24. Seneca Family of Agencies	(805) 462-8930
<input type="checkbox"/>	Participant Services	(805) 781-1686	<input type="checkbox"/>	25. Transitions-Mental Health Assoc. (T-MHA)	(805) 540-6501
<input type="checkbox"/>	12. Eckerd Connects	(805) 439-3937	<input type="checkbox"/>	26. Tri-Counties Regional Center	(805) 543-8725
<input type="checkbox"/>	13. Family Resource Centers		<input type="checkbox"/>	27. United Way of San Luis Obispo/211	(805) 543-5317
<input type="checkbox"/>	Los Osos Cares	No Fax	<input type="checkbox"/>	28. Veterans Services of SLO	(805) 781-5769
<input type="checkbox"/>	San Luis Obispo/Coastal/Central	(805) 543-6567	<input type="checkbox"/>	29. Victim Witness Assistance (DA)	(805) 781-5828
<input type="checkbox"/>	South County SAFE	(805) 474-2025	<input type="checkbox"/>	30. Other:	
<input type="checkbox"/>	The LINK - Atascadero	(805) 462-8901	<input type="checkbox"/>	31. Other:	

This information has been disclosed to you from records that are confidential and protected by Federal Law. **Part 2 of Title 42 of the Code of Federal Regulations (42 CFR Part 2)** prohibits you from making any further disclosures of the records or information without specific written consent of the person to whom it pertains. A general authorization for the release of information is not sufficient for this purpose.

NOTE: This message, including all attachments, is intended only for the use of the person(s) to whom it is addressed, and may contain information that is confidential and subject to the attorney-client privilege. It should not be forwarded in printed or electronic form to any other person or computer. If you received this message and are not the intended recipient or an agent responsible for delivering this message to the intended recipient, you have received this message in error; please immediately notify the sender and destroy your copy. Thank you.

Please do not edit this form. For minor corrections or content revisions, contact sjimenez@co.slo.ca.us.

Additional Comments:

*****DO NOT PLACE ANY PROTECTED INFORMATION IN THIS AREA*****

All information must be filled out in standard blue pen.

IMPORTANT NOTE: Please ensure to follow the guidance listed below

- DO NOT PLACE ANY PROTECTED INFORMATION IN THIS AREA.
- Protected information must be sent as a separate document addressed directly to the intended recipient.
- Documentation of the conversation with the client/participant must be documented utilizing the appropriate case documentation method.
- This section is only to communicate general information. (i.e. size of clothes for the 10-year-old child, etc.)

**COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT
RELEASE OF INFORMATION**

Date: _____ Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City/State: _____ Zip Code: _____

Home Number: _____ Cellular: _____ OK to Leave Message: _____ Language: _____ Date of Birth: _____

Parent/Guardian: _____ Case Type: _____ Case Number: _____

AUTHORIZATION TO DISCLOSE AND EXCHANGE MY HEALTH CARE OR PERSONAL INFORMATION

I authorize the agencies initialed below to share my health care and personal information with each other. If I am signing as the guardian or representative for another person, I authorize the agencies that I have initialized below to share that person's health care and personal information with each other. I understand that this authorization is voluntary and that I do not have to sign it.

PLEASE INITIAL FOR EACH AGENCY AUTHORIZED TO EXCHANGE YOUR INFORMATION:

Note: The organizations listed below may only exchange information described in this document and may only exchange the information for the purposes described.

Initial Here	Aegis Treatment Center, LLC	Initial Here	HMIS Database
Initial Here	Allan Hancock EOPS/CalWORKS		Homeless Services:
	Community Action Partnership of SLO (CAPSLO):	Initial Here	40 Prado Homeless Services Center
Initial Here	Child Care Resource Connection	Initial Here	5-Cities Homeless Coalition (5CHC)
Initial Here	Family Preservation/Parent Education	Initial Here	CAPSLO- SSVF
Initial Here	Head Start/Early Head Start	Initial Here	El Camino Homeless Organization (ECHO)
Initial Here	Teen Academic Parenting Program	Initial Here	Good Samaritan- SSVF
Initial Here	CenCal Health	Initial Here	Independent Living Resource Center
Initial Here	Center for Family Strengthening	Initial Here	People's Self Help Housing (PSHH)
Initial Here	Community Health Centers (CHC)	Initial Here	Salvation Army
	County of SLO Health Agency:	Initial Here	Hospital:
Initial Here	Drug and Alcohol Services (DAS)	Initial Here	Job Centers:
Initial Here	Mental Health (MH)	Initial Here	Lumina Alliance
Initial Here	Martha's Place	Initial Here	Pregnancy and Parenting Support SLO (PPSSLO)
Initial Here	Public Health Department	Initial Here	Restorative Partners
Initial Here	Public Guardian	Initial Here	School District:
Initial Here	Probation Department:	Initial Here	Seneca Family of Agencies
Initial Here	Cuesta College:	Initial Here	SLO County Office of Education (SLOCOE)
Initial Here	Department of Rehabilitation	Initial Here	Transitions-Mental Health Association (T-MHA)
	Dept. of Social Services (Must initial next to each department)	Initial Here	Tri-Counties Regional Center (TCRC)
Initial Here	Adult Services	Initial Here	United Way of San Luis Obispo/211
Initial Here	Child Welfare Services	Initial Here	Veterans Services Department – County of SLO
Initial Here	Participant Services	Initial Here	Victim/Witness Program – County SLO D.A. :
Initial Here	Eckerd Connects	Initial Here	Other:
Initial Here	Family Resource Centers:	Initial Here	Other:
Initial Here	Foster Family Agency:	Initial Here	Other:
Initial Here	Family Care Network, Inc. (FCNI)	Initial Here	Other:
Initial Here	Housing Authority of San Luis Obispo (HASLO)	Initial Here	Other:

**COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT
RELEASE OF INFORMATION**

HEALTHCARE OR PERSONAL INFORMATION THAT CAN BE SHARED BY THE IDENTIFIED AGENCIES

NOTE: THIS AUTHORIZATION FORM ALLOWS DISCLOSURE OF ALL OF YOUR HEALTH AND SOCIAL SERVICES RECORDS UNLESS YOU SPECIFY A SPECIFIC LIMITATION.

The identified agencies can share any and all information from your health care records or personal records or from the healthcare records or personal records of the person for whom you are authorizing this disclosure, for the purposes listed below. The information may come from your San Luis Obispo County physical health records, mental health records, or drug and alcohol treatment records. The information may also come from your Social Services records or the records of any other agency you authorized to share your information. The information used, disclosed or shared may be written or oral, and will only include information necessary to achieve the intended purpose or referral.

Initial here to indicate you understand we will share your behavioral health information.

Initial here to indicate you understand we will share your Drug and Alcohol Program Information.

Describe the type and amount of Drug and Alcohol Program Information that can be disclosed:

<input type="text"/>	Drug and Alcohol Test Results	<input type="text"/>	Substance Use Diagnosis
<input type="text"/>	Drug and Alcohol Treatment Plan	<input type="text"/>	Drug and Alcohol Program Attendance
<input type="text"/>	Drug and Alcohol Payment Information	<input type="text"/>	Discussions with my Drug and Alcohol Counselor

PURPOSE AND LIMITATIONS ON THE USE OF YOUR HEALTHCARE OR PERSONAL INFORMATION

The information will be used by the identified agencies to refer you to and request services from agencies that you authorized in this document. The information may also be used to coordinate care or to coordinate services between the agencies. These services may be in areas such as health care, housing, employment, education, nutrition, parenting, child welfare, and/or other traditional social services.

This authorization to release the above information will **expire two years from the date signed** or will expire on: _____ **(Not more than 2 years.)**

I understand that:

- I understand that I have a right to receive a copy of this authorization.
- I have the right to revoke this authorization verbally, or by sending a signed notice to:
 - County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA, 93401
 - Or via e-mail at privacy@co.slo.ca.us ; or call (855) 326-9623
 - This authorization will cease on the date my valid revocation request is received. I also understand that any information released prior to a revocation of this authorization shall not be a breach of my confidentiality.
- A form known as The Notice of Privacy Practices which is given to clients who receive medical services, provides instructions should I chose to revoke my authorization and includes limitations on my revocation. I can access this notice on the internet at: <http://www.slocounty.ca.gov/Departments/Health-Agency.aspx>
- My treatment, enrollment, or eligibility for benefits will not be affected if I do not sign this authorization.
- Upon request, I may inspect or obtain a copy of the health information that I allow to be disclosed.
- Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA); for example, if I allow disclosure to a family member.
- Records and copies obtained relating to outpatient psychotherapy shall be returned or destroyed at the expiration date of this authorization except those obtained for treatment and diagnosis purposes.
- I understand that alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 and 164, and cannot be re-disclosed without my written consent unless otherwise provided for in the regulations.

Client Signature*:	Print Name:	Date:
Representative Signature:	Relation:	Date:
Employee Name:	Organization:	
Employee Signature:	Employee Title:	Date:

NOTE: A verbal signature may be accepted BUT a wet signature is required within 30 days from date of verbal signature.